## DLN: 93493158006722

# Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Open to Public

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

B Check if Address Name ch	2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011			
Address	C Name of organization	DE	mployer id	entification number
	The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN		4-346377	
	Doing Business As	_	elephone n	
		_ (2	217)337-	1800
Initial re	Number and Street (OFF) box in thair is not delivered to street address) Room/suite	2	ross receipts	
Amende Applicati	CHAMPAIGN, IL 618208177	-		
	F Name and address of principal officer	<b>H(a)</b> Is this a g	ıroun retur	n for
	Dr MATHEW BROWN	affiliates?		⊤Yes <b>√</b> No
	3213 GREENWOOD DRIVE DEWEY,IL 61840	H(b) Are all affili	istos inslu	ded?
				: (see instructions)
Tax-exe	mpt status	H(c) Group exe		
J Websi	te: ► www academyoncapitalism org/			
K Form of	organization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Year of formation	n 2009 I	M State of legal domicile IL
Part I				
2 Sovemble	Briefly describe the organization's mission or most significant activities The Academy is a not-for-profit corporation in support of the University of Illinois teaching about the authors and ideas of free markets, entrepreneurship, individua government			
19.0€	Chack this have the arganization discontinued its aparations or disposed of	more than 25%	of its pat s	ccata
	Check this box  if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)	шоте шап 25% (	of its net a	ssets 
Ø l	Number of voting members of the governing body (Part VI, line 1a)		4	-
₽   ¯	Total number of individuals employed in calendar year 2011 (Part V, line 2a).		5	
달   6	Total number of volunteers (estimate if necessary)		6	
7:	Total unrelated business revenue from Part VIII, column (C), line 12		7a	(
t	Net unrelated business taxable income from Form 990-T, line 34		7b	
		Prior Yea	ır	Current Year
8	Contributions and grants (Part VIII, line 1h)	3	305,805	414,725
Hayenue	Program service revenue (Part VIII, line 2g)			С
å 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			C
	12)	3	305,805	414,725
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )			C
14	Benefits paid to or for members (Part IX, column (A), line 4)			C
g 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		54,487	221,523
\$ 16a	Professional fundraising fees (Part IX, column (A), line 11e)		200	C
<u>ਤੌਂ</u> ।	Total fundraising expenses (Part IX, column (D), line 25) ►34,510			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,925	181,417
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		94,612	402,940
19	Revenue less expenses Subtract line 18 from line 12	<del> </del>	211,193	11,785
Not Assets or Series of Se		Beginning of C Year	urrent	End of Year
교 영 명 명 명 교	Total assets (Part X, line 16)	2	242,568	241,735
출    21	Total liabilities (Part X, line 26)			0
之 之 之 22	Net assets or fund balances Subtract line 21 from line 20	Ž	242,568	241,735
Part II				
	alties of perjury, I declare that I have examined this return, including accompanying sch e and belief, it is true, correct, and complete. Declaration of preparer (other than officer) e.			
	***** Signature of officer	2012-06 Date	-06	
		Date		
_	Dr MATHEW BROWN PRESIDENT and CEO Type or print name and title			
Sign Here	Type or print name and title  Preparer's Daniel E Setters EA ABA ATA ATP ARA  Date 2012-06-06 sel		parer's taxpa e instructions	ayer identification number s)
Here Paid Preparer'	Type or print name and title  Preparer's signature Daniel E Setters EA ABA ATA ATP ARA  Date 2012-06-06 Sel em  S Firm's name (or yours ACCOUNTING plus TAX SOLUTIONS Inc	f- nployed • (se	e instructions	•
Here	Type or print name and title  Preparer's signature  Date 2012-06-06  Ch sel em	f (se	e instructions	•

Par	t III		<b>Program Servic</b> O contains a respo		<b>lishments</b> Jestion in this Part II	ıı	
1	Brief	ly describe the orga	nızatıon's mıssıon				
						promote and advance schol vidual responsibility, and lim	
2		ne organization unde Tor Form 990 or 99			ervices during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these r	new services on Sch	nedule O			
3		ne organization ceas ces?		ake sıgnıfıcar	nt changes in how it c	onducts, any program	└ Yes └ No
	If "Ye	s," describe these o	hanges on Schedul	le O			
4	exper	nses Section 501(c	:)(3) and 501(c)(4)	organizations	s and section 4947 (a	three largest program service a)(1) trusts are required to re ach program service reporte	eport the amount of
 4a	(Code	e	) (Expenses \$	10,000	ıncludıng grants of \$	) (Revenue \$	8,000 )
					Clarke Support by the Aca entrepreneurship project	ademys UIF to UIUC for four speak s	kers on the importance of
	(C-1		\	750		) (D	750 \
4b					including grants of \$ challenges of internatona	) (Revenue \$ I development projects with financ	750 ) e students Academy funds to UIF
	(Code		) (Expenses \$	10,000	including grants of \$	) (Revenue \$	10,000 )
4C	Brazıl	Business Competition fo	or students to travel to	Brazıl to partıcıpa	ite in international busine	ss competition and to study the im Glenn Hoetker is the principle invest	portance of markets in economic
4d		er program services	· ·	-			
	(Exp	enses \$	124,441 inclu	uding grants o	of \$	) (Revenue \$	124,441 )
4e	Tota	l program service e	xpenses <b>⊩</b> \$	145,19	1		

Pariety Checklist of Required Schedule	Part TV	Che	cklist d	of Re	auired	Sche	dule
--	---------	-----	----------	-------	--------	------	------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	330 (2011)			i age -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0	.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
2-		.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	<b>4</b> a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
·	11 Tes to fine 3a of 3b, did the organization me form 6000-17	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			140
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
,	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	,		
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue	.		
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans  [13b]			
С	Enter the aggregate amount of reserves on hand  13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a	a response to any	auestion in this	Part VI					
Check ii Schedule O	CONTAINS 6	i response to any	question in tina	o rait v i					• •

Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►IL			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
  Dr MATTHEW BROWN
  528 East GREEN STREET Suite 202
  CHAMPAIGN,IL 618208177

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation from the organization (W-2/1099-MISC)						(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		М13С)	organizations
(1) Dr MATTHEW BROWN PRESIDENT CEO	40 00	х		Х	х	Х		122,298	0	0
(2) Dr STEPHEN H BALCH DIRECTOR	1 00	х						0	0	0
(3) THOMAS O'LAUGHLIN SECRETARY	1 00	х		Х				0	0	0
(4) GEORGE SHAPLAND CHAIR	1 00	х		х				0	0	0
(5) Dr JON SOLOMON DIRECTOR	1 00	х						0	0	0
(6) WILLIAM STURDEVANT DIRECTOR	1 00	х						0	0	0
(7) ROGER YARBROUGH DIRECTOR	1 00	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (describe	ribe  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check mean and compensation compensation from the organization (Worganizations 2/1099-MISC)  Reportable compensation from the organization (Worganizations 2/1099-MISC)								(F) Estima mount o compens from t	ted f other sation the on and		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	,	relate organiza	
												+		
												$\perp$		
												+		
												-		
												+		
1b	Sub-Total							<b>•</b>						
<u>c</u>	Total from continuation sheets t			• •	•	•		<u> </u>		122,298				
2	Total (add lines 1b and 1c) .  Total number of individuals (inclusion), 100,000 of reportable compens		nited to			• ted	• above		received	,	n			
													Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch						mploy •	ee, o	rhighest • • •	compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											_		
5	Did any person listed on line 1a services rendered to the organiz									nızatıon c	or individual for	4		N o
			Joinpiec	e 5cm	cuar	C J 7	or saci	i pers	3011		· L	5		No_
	ction B. Independent Cont			. لدريس		- u 1					- +b			
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	( <b>A</b> ) ne and business add	dress							Descr	( <b>B</b> ) ription of services		(C) Compen	
												-		
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nıted	l to	those	liste	d above) w	vho receiv	ed more than			

Part V	ш	Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ts ts	1a	Federated campaigns 1a					
en en	b	Membership dues 1b					
50€							
ું સ	С	Fundraising events 1c					
<u>#5,#</u>	d	Related organizations <b>1d</b>					
°,E	e	Government grants (contributions) <b>1e</b>					
5 જ	f	All other contributions, gifts, grants, and <b>1f</b>	414,725	İ			i
更更	_	similar amounts not included above					
温息	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$	_	44.4.725			
ပြဲက	h	Total. Add lines 1a-1f	•	414,725			
e			Business Code				
Ξ	2a						
34 98	ь						
ъ П	С						
2							
Š	d						
⋸	е						
Program Serwce Revenue	f	All other program service revenue					
ž	g	Total. Add lines 2a-2f	<b>b</b>				
	3	Investment income (including dividends					
		and other similar amounts)	· -				
	4	Income from investment of tax-exempt bond pr	<u> </u>				
			· · · · -				
	5	Royalties					
	6-	(i) Real	(II) Personal				
	6a	Gross rents Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount	(,				
		from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
		sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
Other Revenue		events (not including					
₹		\$ of contributions reported on line 1c)					
<u>ب</u>		See Part IV, line 18					
<u>.</u>		a					
ŧ.	b	Less direct expenses b					
Ò	С	Net income or (loss) from fundraising ev	vents 🟲				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less returns and allowances					
		a					
	b	Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of inver	ntory 🕨				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revisions					
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See Instructions	<u>▶</u>				
		iotal levellue. See Thistructions		414,725			

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6h

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	122,298		122,298	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,750		43,750	
9	Other employee benefits	1,162		1,162	
10	Payroll taxes	54,313		54,313	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	25		25	_
C	Accounting	2,255		2,255	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	1,160		1,160	
g	Other	26,826			26,826
12	Advertising and promotion	694		694	
13	Office expenses	2,903		2,903	
14	Information technology	1,250		1,250	
15	Royalties	0			
16	Occupancy	22,470		22,470	
17	Travel	7,684			7,684
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	646		646	
20	Interest	20		20	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,237		2,237	
23	Insurance	4,890		4,890	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING, PUBLICATIONS, POSTAGE SHIPPING	4,853		4,853	
b	POST DOC CANDIDATE SUPPORT	90,000	90,000		
c	PROGRAM HONORARIUMS	12,600	12,601		
d	SETTLEMENTS	904		904	
e					
f	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	402,940	102,601	265,830	34,510
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm <b>990</b> (2011)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		114,843	1	125,060
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, kinghest compensated employees Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sections described in section $4958(c)(3)(B)$ Complete Part II of	tion 4958(f)(1)) and			
w		Schedule L			6	
ė	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	2,566 <b>10a</b>			
	ь	Less accumulated depreciation		<b>10</b> c		
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		127,725	15	116,675
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		242,568	16	241,735
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ر. م	21	Escrow or custodial account liability Complete Part IV of Schedule L	·		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ąе		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties $oldsymbol{\cdot}$			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117, check here ▶ ☐ and complet	te lines 27	_		_
φ		through 29, and lines 33 and 34.	ic iiics 27			
and	27	Unrestricted net assets			27	
69	28	Temporarily restricted net assets			28	
<u>=</u>	29	Permanently restricted net assets			29	
r Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and of lines 30 through 34.	complete			
s or	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
ASS	32	Retained earnings, endowment, accumulated income, or other fund		242,568	32	241,735
Net ,	33	Total net assets or fund balances		242,568		241,735
Ž	24	Total liabilities and net assets frind balances		242 568		2/1 735

Pa	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		Δ	14,72!
2	Total expenses (must equal Part IX, column (A), line 25)	2			102,940
3	Revenue less expenses Subtract line 2 from line 1	3			11,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	242,568
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-12,618
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	241,735
Pai	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	[	2b		Νo
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### 1: 93493158006722

OMB No 1545-0047

2011

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

THE A	CADEM	Y OII CAPITALISM AND LIMITED GOVERNMENT FON										
-		94-346377										
	rt I	Reason for Public Charity Status (All organizations must complete this part.) See ins	tructions									
	ngaiii	zation is not a private foundation because it is (For lines 1 through 11, check only one box)										
1	<u> </u>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).										
2	<u>_</u>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)										
3	<u> </u>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1</b> ) hospital's name, city, and state	( <b>A)(iii).</b> Ente	r the								
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmenta	l unit describe	_ d in								
		section 170(b)(1)(A)(iv). (Complete Part II )										
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$ .										
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or fro described in section 170(b)(1)(A)(vi) (Complete Part II)	m the general	public								
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )										
9	į.	An organization that normally receives (1) more than 331/3% of its support from contributions, memb	ershin fees ai	nd aros	55							
-	•	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 ta										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	x, nom busin									
10	_	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>										
11	, আ	An organization organized and operated exclusively to test for public safety "See <b>section 309(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to	carry out the	nrn.o.o	f							
11	Į <b>v</b>	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See the box that describes the type of supporting organization and complete lines 11e through 11h  a   Type I  b   Type II  c   Type III - Functionally integrated  d		a)(3).	Check							
е	굣	By checking this box, I certify that the organization is not controlled directly or indirectly by one or mo	re disqualified	perso	ons							
		other than foundation managers and other than one or more publicly supported organizations described	l in section 50	9(a)(1	L)or							
_		section 509(a)(2)	•									
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type II check this box	i supporting o	rganız	ation,							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the			,,							
		following persons?										
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No							
		and (III) below, the governing body of the the supported organization?	11g(i)		Νo							
		(ii) a family member of a person described in (i) above?	11g(ii)		Νo							
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		No							
h		Provide the following information about the supported organization(s)										

(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
(A) UNIVERSITY of ILLINOIS FDN	376006007	5	Yes		Yes		Yes		90,000
Total									90,000

	Support Schedule (Complete only if yo						
	under Part III. If the						
S	ection A. Public Support	<b>g</b>			дологи, р		
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 201	11 <b>(f)</b> Total
1	in) Gifts, grants, contributions, and		+ ` ′	+ ` '	' '	` '	
1	membership fees received (Do not	.					
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	P					
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	n					
	line 4 ection B. Total Support						
	endar year (or fiscal year beginning	(-) 2007	(h) 2000	(-) 2000	(4) 2010	(-) 201	1 (6) Tabal
	ın)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 201	1 (f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12	
13	First Five Years If the Form 990 is	for the organizat	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3)	
	check this box and <b>stop here</b>						<b>►</b> □
S	ection C. Computation of Pu	blic Support F	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14	0 %
15	Public Support Percentage for 201	0 Schedule A, Pa	ırt II, lıne 14			15	
16a	<b>33 1/3% support test—2011.</b> If the				line 14 is 33 1/3%	% or more, o	
h	and <b>stop here.</b> The organization qu <b>33 1/3% support test—2010.</b> If the				6a and line 15 ic	33 1/20% or	more check this
b	box and <b>stop here.</b> The organization				oa, and fine 13 is	33 1/370 UI	Iniore, check this
17a	10%-facts-and-circumstances test	<b>—2011.</b> If the org	anızatıon dıd not	check a box on lı			4
	is 10% or more, and if the organiza						
	in Part IV how the organization me organization	ets the "facts and	a circumstances"	test The organiz	zation qualifies as	a publicly s	supported <b>F</b>
b	10%-facts-and-circumstances test	<b>—2010.</b> If the ord	anızatıon dıd not	check a box on li	ne 13, 16a. 16b.	or 17a and	•
	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and circi	ımstances" test,	check this box ar	nd <b>stop here</b>	<b>:</b> .
	Explain in Part IV how the organiza	ation meets the "i	acts and circums	tances" test The	e organızatıon qua	ılıfıes as a p	
18	supported organization  Private Foundation If the organization	tion did not check	a box on line 13	. 16a. 16b. 17a o	or 17b, check this	box and se	<b>▶</b> □
	instructions	a.a not eneer		,,	, chock tills	35 unu 50	ັ

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage

L <b>5</b>	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
<b>L6</b>	Public support percentage from 2010 Schedule A, Part III, line 15	16	
_			

17 Investment income percentag	e for <b>2011</b> (line 10c co	lumn (f) divided by !	line 13 column (f))
--------------------------------	--------------------------------	-----------------------	---------------------

18 Investment income percentage from 2010 Schedule A, Part III, line 17

17	0 %
18	

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **⊳**[

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

**Software ID:** 11000218

**Software Version:** 2011.0.0

**EIN:** 94-3463771

Name: The ACADEMY on CAPITALISM and LIMITED

**GOVERNMENT FDN** 

### Form 990, Special Condition Description:

### **Special Condition Description**

DLN: 93493158006722

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization e ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN		Employer identification number
1116	S ACADEMY ON CAPITALISM AND LIMITED GOVERNMENT FOR		94-3463771
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 99		
	Ĭ	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bene		
Da	conferring impermissible private benefit	of the organization answered "Ves" t	<u> </u>
	rt II Conservation Easements. Complete		o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreations)		historically importantly land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a quali- easement on the last day of the tax year	fied conservation contribution in the form	of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year 🛌	rred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserva	ition easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and  Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year ▶
7	Amount of expenses incurred in monitoring, inspectines \$	ng, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of t	he footnote to the organization's financial	
Pai	the organization's accounting for conservation easement III Organizations Maintaining Collection	ns of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin-	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofoliowing amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	Control of the Internation of th	llections of Art,	, Hist	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or O	ther	<u>Simila</u>	· Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing '	that are	a significa	ant us	e of its co	llection	ı	
а	Public exhibition		d	Γ	Loan	orexcha	ange progi	ams				
b	Scholarly research		e	Γ	Other	r						
C	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and explai	n how	they	/ furthe	er the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Г	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	m 990	),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	dıary	for c	ontribu	itions or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the f	follow	ıng ta	able		Г			Amou	ınt	
c	Beginning balance							1c				
d	Additions during the year						F	1d				
e	Distributions during the year						T I	1e				
f	Ending balance						T I	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217							Г	Yes	✓ No
b										,		,
	rt V Endowment Funds. Complete		ans	were	ed "Ye	s" to Fo	orm 990.	Part	IV. line	10.		
		(a)Current Year		Prior \			Years Back		hree Years I		)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships							<u> </u>				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	S									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
3a	Are there endowment funds not in the posse	ssion of the organiza	ition t	hat a	re hel	d and ad	mınıstere	d for t	:he			
	organization by									2-(:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
ь	(ii) related organizations							٠. ٠		3b	<u> </u> 	<u> </u> 
4	Describe in Part XIV the intended uses of th							-				<u> </u>
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 990	0, Pa	rt X	line :	10.						
	Description of property		•			or other estment)	(b)Cost or basis (ot		(c) Accui deprec		(d) E	ook value
1a	Land											
	Buildings		•	_							4	
С	Leasehold improvements		•								1	
	Equipment		•					2,566		2,566	5	
	Other											
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	ın (B),	, line	10(c).)	٠			▶		1	

(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	(3,233.13.13.1	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
o their		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	see Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(2) Book value	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc		(b) Book value
(1) UNDEPOSITED RECEIPTS ON 12/31/2010 DEPOS	SITED on 01/03/2011	115,600
(2) UNDEPOSITED RECEIPTS ON 12/31/2010 DEPOS	GITED on 01/04/2011	1,075
		.
Part X Other Liabilities. See Form 990, Par	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability  Federal Income Taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability  Federal Income Taxes	t X, line 25.	116,675
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability  Federal Income Taxes	t X, line 25.	116,675
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	
1 (a) Description of Liability Federal Income Taxes	t X, line 25.	116,675
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability  Federal Income Taxes	t X, line 25.	116,675
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability  Federal Income Taxes	t X, line 25.	116,675
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability  Federal Income Taxes	t X, line 25.  (b) A mount	

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
		10	
) •	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p  Total revenue, gains, and other support per audited financial statements	ег ке 1	eturn
	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
•	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
' :	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	
	Investment expenses not included on Form 990, Part VIII, line 7b .  4a  Other (Describe in Part XIV)		
1	, , , , , , , , , , , , , , , , , , , ,		
	Add lines 4a and 4b	4c	
4	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Doturn
ĽЧ	Total expenses and losses per audited financial	рег	Return
	statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
1	Donated services and use of facilities		
•	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
,	Other (Describe in Part XIV)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	
2		_	
:	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

DLN: 93493158006722

**Employer identification number** 

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN

94-3463771 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e ☐ Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		(a) Event #1	( <b>b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
2	1 Gross receipts				
:	2 Less Charitable contributions				
3	3 Gross income (line 1 minus line 2)				
۱,	4 Cash prizes				
	5 Non-cash prizes				
,	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	8 Entertainment				
	<b>9</b> Other direct expenses .				
1	10 Direct expense summary Ado	d lines 4 through 9 in colun	ın (d)	🛌	(
1	11 Net income summary Combin	ne lines 3 and 10 in column	(d)		
rt	Gaming. Complete if the	e organization answered	d "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
	\$15,000 on Form 990-EZ	Z, line 6a.	1		
T	\$15,000 on Form 990-EZ	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	\$15,000 on Form 990-EZ  1 Gross revenue			(c) Other gaming	(Add col (a) through
				(c) Other gaming	(Add col (a) through
	<b>1</b> Gross revenue			(c) Other gaming	(Add col (a) through
	1 Gross revenue 2 Cash prizes			(c) Other gaming	(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes			(c) Other gaming	(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs		bingo/progressive bingo		(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses .	(a) Bingo	□ Yes	Г Yes	(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add	(a) Bingo  .  Yes No lines 2 through 5 in column	□ Yes	Г Yes	(Add col (a) throug col (c))
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add 8 Net gaming income summary 0	(a) Bingo  .  Yes  No  lines 2 through 5 in column	□ Yes No  I(d)	Г Yes Г No	(Add col (a) throug col (c))
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add	(a) Bingo  Yes  No  lines 2 through 5 in column  Combine lines 1 and 7 in co	TyesNo  I(d)	Г Yes	(Add col (a) through col (c))
	1 Gross revenue	(a) Bingo  Yes  No  lines 2 through 5 in column  Combine lines 1 and 7 in co	T Yes No  Idd)	Г Yes	(Add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 20	11				Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? $oldsymbol{\cdot}$			es [	No
12		neficiary or trustee of a trust or a mem				
	formed to administer charitable of	gaming?		<b>Г</b> ү	es 「	No
13	Indicate the percentage of gamir	ng activity operated in		1 1		
а				13a		
b	An outside facility			13b		
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book	s and		
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			Гү	es F	- No
b		ning revenue received by the organizat				.,,
	amount of gaming revenue retain	ed by the third party 🟲 \$				
c	If "Yes," enter name and address	5				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	<b>\$</b> \$				
	Description of services provided	<b>&gt;</b>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to			
	= =				es [	No
b		required under state law distributed tactivities during the tax year > \$	o other exempt organizations or sp	ent		
Par		provide additional information for	responses to quuestion on Sc	hedule G (see		
	Identifier	ReturnReference	Explana	tıon		
<u></u>						

DLN: 93493158006722

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN

Employer identification number

					94-3463771			
Pai	<b>tI</b> Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	Method of a contribution			
	Art—Works of art							
2 .	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
5	Cars and other vehicles							
7	Boats and planes							
3	Intellectual property							
	Securities—Publicly traded .							
)	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
ŀ	Qualified conservation contribution—Other							
5	Real estate—Residential .							
5	Real estate—Commercial							
7	Real estate—O ther							
3	Collectibles							
•	ood inventory							
)	Orugs and medical supplies .							
L	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4 .	Archeological artifacts							
5	Other► ()							
5	Other ▶()							
7	Other ▶()							
3	Other► ()							
9	Number of Forms 8283 received							
	for which the organization compl	eted Form 8	3283, Part IV, Donee Ackr	nowledgement	29			
							Yes	No
0a	During the year, did the organiza							
	must hold for at least three year			·	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		
b	If "Yes," describe the arrangeme	ent in Part 1	II					
	Does the organization have a gif					31		
2a	Does the organization hire or us contributions?	e third part • • •	=	to solicit, process, or sell	non-cash	32a		
b	If "Yes," describe in Part II							
	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II					'		

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

The ACADEMY on CAPITALISM and LIMITED GOVERNMENT FDN

OMB No 1545-0047

Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

**Employer identification number** 

94-3463771

ldentifier	Return Reference	Explanation							
Form 990 Part XI	5	Program Service Expenses shared between UIUC and the Academy							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 10,000, Grants and allocations 0, Revenue 10,000 Graduate Student Support for the summer to help them complete their studies and prepare for academic careers. Jeff Brown is the principle investigator							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 8,441, Grants and allocations 0, Revenue 8,441 Research/Graguate student support for research on US-China relations and trade Principle investigator is Shao Dan							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 45,000, Grants and allocations 0, Revenue 45,000 Post Doctoral Fellow in History - funds to support the hiring of a history professor to visit for the academic year and teach courses in liberty studies in preson and online. To expand offerings in liberty studies. Bill Kline is the principle investigator.							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 45,000, Grants and allocations 0, Revenue 45,000 Post Doctoral Fellow in Economics to fund the hiring of an economis professors to visit for the academic year and teach courses in liberty studies in person and online. To expand offerings in liberty studies. Bill Kline is the principle investigator.							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 1,000, Grants and allocations 0, Revenue 1,000 International free-market conference to support three professors to participate on Austrian Economics and the transition from communism to capitalism in Eastern Europe Peter Boltuc is the principle investigator							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 5,000, Grants and allocations 0, Revenue 5,000 Second Annual Lincoln-Douglas Debate. To support two professors to debate the merits of the Tea Party movement and Occupy Wall Street and their roots in American history and lessons for public policy. Don Greco is the principle investigator.							
Form 990 Part III Program Service Accomplishments	Line 4d Other Activities	Program Service Expenses 10,000, Grants and allocations 0, Revenue 10,000 China and India study abroad Support for business students to travel to China and India to study globalization first-hand. The transition from socialism to markets and challenges with developing the rule of law in developing countries. John Clarke is the principle investigator.							
		Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations 0, Revenue 10,000 Graduate Student Support for the summer to help them complete their studies and prepare for academic careers. Jeff Brown is the principle investigator. Form 990, Part III, Line 4d Program Service Expenses 8,441, Grants and allocations 0, Revenue 8,441 Research/Graguate student support for research on US-China relations and trade. Principle investigator is Shao Dan. Form 990, Part III, Line 4d Program Service Expenses 45,000, Grants and allocations 0, Revenue 45,000 Post Doctoral Fellow in History. Funds to support the hiring of a history professor to visit for the academic year and teach courses in liberty studies in preson and online. To expand offerings in liberty studies Bill Kline is the principle investigator. Form 990, Part III, Line 4d Program Service Expenses 45,000, Grants and allocations 0, Revenue 45,000 Post Doctoral Fellow in Economics to fund the hiring of an economis professors to visit for the academic year and teach courses in liberty studies in person and online. To expand offerings in liberty studies. Bill Kline is the principle investigator. Form 990, Part III, Line 4d Program Service Expenses 1,000, Grants and allocations 0, Revenue 1,000 International free-market conference to support three professors to participate on Austrian Economics and the transition from communism to capitalism in Eastern Europe. Peter Boltuc is the principle investigator. Form 990, Part III, Line 4d Program Service Expenses 5,000, Grants and allocations 0, Revenue 5,000. Second Annual Lincoln-Douglas Debate. To support two professors to debate the merits of the Tea Party movement and Occupy Wall Street and their roots in American history and lessons for public policy. Don Greco is the principle investigator. Form 990, Part III, Line 4d Program Service Expenses 10,000, Grants and allocations 0, Revenue 10,000 China and India study abroad. Support for business students to travel to China and India to study globalizat							

DLN: 93493158006722

OMB No 1545-0172

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury

► See separate instructions.

► Attach to your tax return.

Sequence No 179

Internal Revenue Service (99)										
Name(s) shown on return The ACADEMY on CAPIT	ALISM and LIMI	ITED Busine	ess or activity to v	vhich thi	s forn	n relates	Id	lentifying number		
GOVERNMENT FDN	FDN 990						94-3463771			
	-	Certain Property				1-1- D- 1 T				
		isted property, com	piete Part V bef	ore you	ı con	npiete Part I.	Ι.			
1 Maximum amount (see	•				•		1	500,000		
<b>2</b> Total cost of section 1	.79 property plac	ced in service (see ins	tructions) .		•		2	2,236		
3 Threshold cost of sect	ion 179 property	y before reduction in li	mıtatıon (see ınstr	uctions)			3	2,000,000		
4 Reduction in limitation	Subtract line 3	from line 2 If zero or	less, enter -0-				4			
<b>5</b> Dollar limitation for ta	x year Subtract	line 4 from line 1 If ze	ero or less, enter -	0- If ma	rried	filing				
separately, see instru	ctions						5	500,000		
6 (a)	Description of pi	roperty	(b) Cost (b)		use	(c) Elected c	ost			
See Additional Data Tab	ole									
<b>7</b> Listed property Enter	the amount from	iline 29		. [	7		1			
8 Total elected cost of s	ection 179 prop	erty Add amounts in o	column (c), lines 6	and 7	•		8	2,236		
<b>9</b> Tentative deduction E	nter the <b>smaller</b>	of line 5 or line 8 .					. 9	2,236		
10 Carryover of disallowe	d deduction from	line 13 of your 2010	Form 4562 .				10			
11 Business income limitation	Enter the smaller of	business income (not less	than zero) or line 5 (s	ee instruct	ions)		11			
12 Section 179 expense	deduction Add I	ines 9 and 10, but do i	not enter more tha	n line 11			12			
13 Carryover of disallowe	d deduction to 2	012 Add lines 9 and 1	.0, less line 12	.▶ [	13		2,236			
Note: Do not use Part			•	ıse Part						
		Allowance and Otl				include listed p	roperty	v ) (See instructions )		
14 Special depreciation a										
tax year (see instructi			·····	, ,			14			
15 Property subject to se	ction 168(f)(1) e	election					15			
<b>16</b> O ther depreciation (in							16			
		Do not include liste		e instr	uctio	ns )	1 10			
THOIS DO	preciation (		Section A	20 111361	actio	113.7				
17 MACRS deductions for	r assets placed i			2011			17			
18 If you are electing					rinto	one or more				
general asset accou		•	· · · ·	•						
		Service During 2					recia	tion System		
Section B A33		(c) Basis for			tiic	deneral bep	Tecia	tion system		
(a) Classification of	(b) Month and		(d) D					( = ) D = = = = = + = = =		
(a) Classification of property	year placed in	(business/investmer	nt (d) Recovery period	(e) Co	nvent	tion <b>(f)</b> Metho	od	<b>(g)</b> Depreciation deduction		
property	service	use	·					acaaction		
10a 2 year property		only—see instruction	5)							
<b>19a</b> 3-year property <b>b</b> 5-year property										
c 7-year property										
d 10-year property	1									
e 15-year property										
f 20-year property	1									
g 25-year property	1		25 yrs			S/L				
<b>h</b> Residential rental			27 5 yrs	М	М	S/L				
property			27 5 yrs	+	<u></u> М	S/L				
i Nonresidential real			39 yrs		<u></u> М	S/L				
property			33 ).3	+	<u>м</u>	S/L				
	on C—Assets Plac	ced in Service During 2	2011 Tax Year Usin				n Svste	em		
20a Class life				T		S/L	,,,,,			
<b>b</b> 12-year	1		12 yrs			S/L	$\neg \uparrow$			
<b>c</b> 40-year			40 yrs	М	IM	S/L				
	r <b>y</b> (see instruc	tions)	,	•			1			
21 Listed property Enter		•					21			
22 Total. Add amounts fro	om line 12, lines	14 through 17, lines					22			
23 For assets shown above	ve and placed in	service during the cur	rent year, enter th		23		1			
portion of the basis at	tributable to sec	tion 263A costs .			23					

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Γ <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		<b>(f)</b> Recover period	y M∈	(g) ethod/ ventior		<b>(h</b> Depreci deduc	ation/		(i) Electe section : cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	used moi	e than	25						
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
<b>27</b> Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1	<b>)</b>		(c)		((			≘)	(	f)
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s   1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
<b>36</b> Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
<b>37</b> Do you maintain a employees?		y statement											our.	Y	es	No
<b>38</b> Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
<b>39</b> Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	( A mort a mo	ızable			<b>(d)</b> Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı nıs ye		
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			$\dashv$							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

#### **Additional Data**

**Software ID:** 11000218

**Software Version:** 2011.0.0

**EIN:** 94-3463771

Name: The ACADEMY on CAPITALISM and LIMITED

**GOVERNMENT FDN** 

#### Form 4562, Part I, Line 6:

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
4 LAPTOP SOFTWARE	845	845
5 CAMERA	487	487
6 PROJECTOR	489	489
7 SOFTWARE - MATH TYPE f/WORD	97	97
8 SOFTWARE - pdf MAKER	318	318